## **EMPLOYEE INTERVIEW STATEMENTS**



Date:	Time:	
		CSHO ID Opt Rpt # Yr. Insp. No.
Employee Name:		Phone: ()
Address:		
Occupation:		
Employer Name:		Employed from:/ / to:/ /
() Credentials Presented	() Discrimination Expla	nined
Union: (yes) (no) If yes, Name of Ba (If known) A		
HAZARD COMMUNICATION CHECKL	<u> IST</u>	
<ul><li> Access to Written Program</li><li> Training on Requirements of Standard</li></ul>	() Access to MSDS Sheets () Labeling System Explained () Hazards of Chemicals/Precautions for Handling Explained	
CONFINED SPACE CHECKLIST		
() Qualified Person	Preparation/Ventilation Atmospheric Testing	
() Permit System	Entry Procedures, Attendant/Non-Attendant	
() Training Program	() Rescue Teams, Specia	l Equipment and Tools, Rescue Devices
LOCKOUT/TAGOUT CHECKLIST		
() Written Energy Control Procedures	() Proper Use of Tags or	Locks
() Training	() Effectiveness of Energ	gy Control Procedures
Employee Statement:		
() CSHO has assured the employee the anyone unless ordered by a court to		or and Industry will not release this statement t
Employee Signature		CSHO Signature